	CITY OF TITUSVILLE					of Risl	k Fa	ctor/Interventions \	/iolations	Date 1919			
DEPARTMENT OF HEALTH					No. of Repeat Risk Factor/Intervention/Violations				Current 1/15/2019				
	lishme		264	Locatio				<u> </u>		Phone			
		Elks #				Cent							
icense / Contact/Permit Holder ermit # Jill Snyder			į.	Purpose of Inspection Est Type Risk Category						diven la			
		Jili Jily			$\overline{}$)		ululi) Lo	w	
	Circ	de designa	FOODBORNE ILLNESS ted compliance status (IN, OUT, N/O, N							appropriate box for	COS and/or	D	
IN	l = in co	ompliance	OUT = not in compliance $N/O = not$	t observed	N//	A = not	appli	icable COS = cor		te during inspection		/iolatio	
Compliance Status					COS R Compliance Status							cos	
			Demonstration of Knowledge		ı	Γ''' Ι		Potentially Hazardous Food Time/Temperature					ļ
1.	IN O	HUT	Certification by accredited program, compliance with Code, or correct response	onses		l ⊢	16 17	IN OUT N/A N/O	 -	oking time & tempera leating proc for hot h			+
			Employee Health			_	18	IN OUT N/A N/O	-	oling time & temperat			+
2	IN O		Management awareness; policy preser				19	IN OUT N/A N/O	<u> </u>	: holding temperature		ļ	ļ
3	IN O	UT	Proper use of reporting, restriction & e Good Hygienic Practices	exclusion	ļ		20 21	IN OUT N/A IN OUT N/A N/O	<u> </u>	d holding temperatur			\downarrow
4	IN OL	JT N/O	Proper eating, tasting, drinking, or tobacc	co use			22	IN OUT N/A N/O		e marking & dispositi ublic health control; p		1	+
5	IN OL	JT N/O	No discharge from eyes, nose, and mo										
		Pr	eventing Contamination by Hands							er Advisory			ļ
5	IN OL	JT N/O	Hands clean & properly washed				23	IN OUT N/A	undercook	advisory provided for ed foods	r raw or		
7	IN OU	T N/A N/O	No bare hand contact with RTE foods of approved alternate method properly for					Highly Susceptible Populations			ıs		
B	INOU	il)	Adequate handwashing facilities supplied		X		24	IN OUT N/A		d foods used; prohibi	ted foods	i	Ī
			accessible Approved Sources		۷ ۱		- •	111 001 1471	not offered	emical			
)	IN OU	л	Food obtained from approved source				25	IN OUT N/A		ves: approved & prope	rly used	T	Ī
0	IN OUT	T N/A N/O	Food received at proper temperature		-	2	26	IN OUT N/A	Toxic substa	ances properly identifie	ed, stored &		t
1	IN OU	IT	Food in good condition, safe & unadult	terated				Conform		Approved Proce	dures		ļ
2	IN OUT	ΓN/A N/O	Required records available: shelf stock parasite destruction	tags,		2	27	IN OUT N/A	Compliance	e with variance, speci			
			Protection from contamination						process, &	HACCP plan		<u> </u>	1
3 4		IT N/A	Food separated & protected			1		Risk factors are improper practices or procedures identified as the most previous					
.5	IN OU		Food-contact surfaces: cleaned & sanit							ntions	ar		
		11	Proper disposition of returned, previou					Condition measi					
	00		served, reconditioned & unsafe food					Culturo/ frieasi	•				
		Go	served, reconditioned & unsafe food	sures to o	ontrol	the add	dition	ACTICES of pathogens, chemic	als and nhve	sical objects into food	c ,		
		Go ox if numb		sures to o	ontrol	the add	dition	ACTICES of pathogens, chemic	als and phys corrected or	sical objects into food	ls. on R =repe	at viola	ati
		Go oox if numb	served, reconditioned & unsafe food od Retail Practices are preventative mea pered item is not in compliance Mark	sures to o	ontrol	the add	dition	ACTICES of pathogens, chemic COS and/or R COS=	corrected or	sical objects into food n-site during inspectio	s. on R =repe	at viola	ati
ork "		ox if numb	served, reconditioned & unsafe food od Retail Practices are preventative mea ered item is not in compliance Mark Safe Food and Water	sures to o	ontrol opropr	the add iate box R	dition (for (ACTICES of pathogens, chemic COS and/or R COS=	corrected or Proper Us	sical objects into food n-site during inspections se of Utensils	is. on R =repe		ati
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		FOO	D ESTABLISHMENT	INSPECTION F	REPORT				
	TITUSVIL			Date 1/9/17					
Establishme B.P.O. Elks			Address/City/State/Zip Code 334 W Central Ave	Phone 814-827-2673					
			TEMPERATURE OF	SERVATIONS					
Item/Location Temp		Item/Location	Temp	Item/Loc	cation	Temp			
Sauces 390		390							
Tres		00	Frenc						
(Iteu	(Stever 40		RIKRA						
									
		·							
			OBSERVATIONS AND CO	RRECTIVE ACTION	NS				
Item	Violatio	ons cited in this report i	must be corrected within the tir	ne frames helow or	as stated in sect	ions 8-405.1	1 of the food code.		
Number	VIOLULIA	· · · · · · · · · · · · · · · · · · ·	<u> </u>			(Dest)	1 .		
	·^	,	MANCENSIA SINI	(Corntle	The Jay	1000	Al MAI		
	179	not car, h	, accouisse.	COLLECT	<u> </u>				
7 (Clic	- 1 1 CL	edded cheese in	U FM cl -	141 (200	le= ic	n.t		
~\	<u>2110</u>	world.	(1 Jess 17 255)	0 1205-	(10 000	1/2			
	C.17-20	, was rice.	$(\omega_{11}\chi_{1})$				-		
30	()	m ture t	-hermombe t	O MWGG	-C 15AC	MA(/	host		
<i>J</i>	<u>ي ۱۷ .</u>	100	hormonde t		^				
	tay	esture 13	ILDIACK FON	110	thu.				
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			1.0						
	ASA	fronsll.	though in	the Sun	give t	رما كحرف	Sn2/14		
	Clove at chamical text strips were not supplied in								
	Fred Area area								
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			1) 4			1	0.10		
Person in Charge (Signature) Date: 1-919									
		anna	\sim				101 0		
Inspector (S	Signature) _					Date:	14/14		